

STATE OF ALABAMA
DEPARTMENT OF INSURANCE
ANNUAL PREMIUM TAX STATEMENT - DOMESTIC PROPERTY AND CASUALTY BUSINESS
for the Year Ending December 31, _____

PB-Y

INSTRUCTIONS

PENALTIES – Any Company failing to file its Premium Tax Return (even when no tax is due) or failing to pay such taxes on a timely basis shall be subject to a penalty of \$1,000 to \$10,000, to be assessed by the Commissioner. ANY COMPANY, OTHER THAN A FRATERNAL, FAILING TO FILE THE ANNUAL STATEMENT ON A TIMELY BASIS SHALL BE SUBJECT TO A PENALTY OF \$250 AND MAY HAVE ITS CERTIFICATE OF AUTHORITY SUSPENDED OR REVOKED. Fraternal shall be subject to a penalty of \$100 per day for each day the Annual Statement is late.

RETURNS POST MARKED ON THE DUE DATE WILL BE ACCEPTED.

Please use the following checklist to assure that all the necessary items are included with your Premium Tax Filing.

- () Include two (2) forms of supporting documentation for each credit taken on reverse side.
- () The Alabama Office Facilities Credit Worksheet must accompany this Return if paying at a rate less than the 3.6% maximum.
- () Make checks payable to the: Alabama Department of Insurance. **WE DO NOT HAVE AN EFT ACCOUNT AT THIS TIME.**
- () Please submit TWO CHECKS: one in payment of Fees, and one in payment of Premium Taxes due the State of Alabama.
- () Please mail the following documents to the address below: Annual Premium Tax Returns and Checks, the Annual Financial Statement, and the Application for License Renewal. **These items should be mailed together.**

POSTAL SERVICE

Alabama Department of Insurance
c/o Compass Bank
P. O. Box 830691
Birmingham, AL 35283-0691

COURIER OR EXPRESS SERVICE

Alabama Department of Insurance
c/o Compass Bank
701 South 32nd Street
Birmingham, AL 35233

NAIC# _____

Name of Company

Company's Mailing Address

Preparer's Name and Title (Print)

Telephone Number

LICENSE RENEWAL FEES

FEES: **Renewal of Certificate of Authority**
(see separate instruction sheet)

Annual Statement Filing Fee: \$25

PI \$ _____

PJ \$ _____

STATE OF _____, COUNTY OF _____

_____, President and _____ Secretary

of the _____ Insurance Company
being duly sworn, each for himself, deposes and says, that they are the above described officers of said Company and that the foregoing statement of business transacted during such year and showing the true status of same on December 31, of such year, is full and correct according to the best of their information, knowledge and belief, respectively.

Subscribed & sworn before me this _____

President

Day of _____, 20 _____.

Secretary

My commission expires _____

Notary Public

--OVER--

STATE OF ALABAMA
DEPARTMENT OF INSURANCE
DOMESTIC PROPERTY AND CASUALTY BUSINESS
for the Year Ending December 31, _____

PB-Y

NAIC# _____

PREMIUM less DIVIDEND & RETURNS

			TAX RATE	TAX
1. Property & multi-peril insurance written in fire protection classes 9 & 10	9N10--		X 1.0% = \$	_____
2. Mobile homes and low value dwelling policies with a face value of \$40,000 or less	MHLD--		X 1.0% = \$	_____
3. All other business (maximum rate: 3.6%, see instructions)	AOB--		X _____ = \$	_____
4. HEALTH:				
a) Groups with less than 50 participants	GL50--		X .5% = \$	_____
b) Other Health	OH--			
LESS: Medicare & Medicaid Supplement policies	MMP--			
LESS: Employer sponsored Plans for govt. employees	EGP--			
TOTAL TAXABLE OTHER HEALTH	TOP--		1.6%	\$ _____

5. GROSS PREMIUM TAX DUE:

6. *DEDUCTIONS:**

- a) Ad valorem taxes paid on property owned & occupied as the insurer's principal office in Alabama \$ _____
- b) Ad valorem taxes paid on property in Alabama at least 50% occupied by insurer \$ _____
- c) Ad valorem taxes paid directly or in the form of rent to a third-party landlord on the insurer's offices in Alabama, apportioned by the square foot are a occupied by the insurer \$ _____

ADV---	\$ _____
	Total 6a – 6c
AHIP---	\$ _____
EXAM---	\$ _____
FT---	\$ _____
GFA---	\$ _____
Totaled---	\$ _____

d) All assessments paid during the year to the Alabama Health Insurance Plan (AHIP)

e) All examination expenses paid to the Alabama Commissioner of Insurance

f) 60% of Alabama franchise or privilege taxes paid

g) 20% of Guaranty Fund Assessments for each of 5 years following the year of payment

7. **Total Deductions** (total of lines 6a – 6g)

8. **NET PREMIUM TAX DUE** (line 5 less line 7, if line 7 is more than line 5, then enter zero)

9. **LESS: Quarterly Premium Tax Payments**

10. **LESS: Prior Year Overpayment**

11. **PREMIUM TAX PAID** (line 8 less lines 9 and 10)

PB--- \$ _____

****Line items 1, 2, 4a and 4b-(tax-exempt premiums only) require supporting documentation. A policy run, which can be obtained from the Company's underwriting unit will suffice as documentation.**

***** Lines 6a –6g require two forms of documentation. If documentation is not included, the deduction will not be allowed. All documentation must include a canceled check or verification of an EFT payment. The second form of documentation may include a bill, an assessment, or a tax return.**